

Milwaukee County Disabilities Services Division

Statement of Interest – Statewide Long-Term Care Reform

Attachment B

Organization Names:

Represented by this statement of interest are the Milwaukee County Department of Health and Human Services and its Disabilities Services Division, Economic Support Division and Behavioral Health Division, along with the Milwaukee County Department on Aging and the Milwaukee County Office for Persons with Disabilities.

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Organizational Description:

The Milwaukee County Department of Health and Human Services (DHHS) operates under Chapters 46 (Social Services), 48 (Children's Code), 49 (Public Assistance), 51 (Mental Health) 55 (Protective Services) and 938 (Juvenile Delinquency) of the Wisconsin State Statutes. DHHS provides a wide range of life-sustaining, life-saving and life-enhancing services to children and adults through age 60. Programs focus on providing services for delinquent children, dysfunctional families, developmentally and physically disabled persons, mentally ill persons, homeless persons, and those in need of financial assistance. DHHS has an annual budget of more than \$180,000,000.

The Disabilities Services Division (DSD) provides human services to children and adults between the ages of birth and 60. Services are targeted to populations with special needs, including adults with physical disabilities, and both adults and children with developmental disabilities. A wide variety of services are provided, including case management for long-term support, residential services, work and day services, community living support services, community treatment, adult day services, fiscal agent services and service access and prevention. Many of these services enable individuals to live in the community and avoid institutional placements. DSD also utilizes a Resource Center, which was designed and implemented as part of the 2003 budget. In 2004, DSD served 3,164 adults with a developmental disability, 3,101 children with a developmental disability, and provided long term support to 888 persons with a physical disability. DSD has an annual budget of more than \$97,000,000.

Interest in Planning and Implementation of Long-Term Care Reform in Wisconsin

During the past 20 years, DSD has repeatedly witnessed consumers with disabilities and their families or guardians experience grave despair and anxiety when told of the long waiting lists for services in Milwaukee County due to the lack of community-based resources. Some individuals and families struggle daily with the decision of potential out-of-home placement as a remedy to the lack of available funding, while others face a series of crises as they attempt to keep their loved one at home until resources become available. DSD sees the opportunity to plan long-term care reform in Milwaukee County in partnership with consumers, disabilities stakeholders and managed care providers as the vehicle to address this unacceptable situation.

DSD has had a long-standing dedication and commitment to long-term care reform in Wisconsin. It has been pro-active in its participation with the State in Federal Waiver programs, and it has coordinated with the Department on Aging in its implementation of Family Care. Its ongoing interest in long-term care reform has been shaped by its engagement of consumers and its dialogue with stakeholders concerned with the health and well-being of adults with disabilities who also have long-term care needs.

DSD supports the goals and guiding principles of the Wisconsin Department of Health and Family Services' managed long-term care reform effort. DSD is particularly interested in understanding how those goals and principles can be realized for individuals with disabilities under age 60 living in Milwaukee County.

Milwaukee County is fortunate to be the home of several managed long-term care demonstrations, including the County Department on Aging's Family Care, I-Care's SSI Managed Care, and the Community Care Organization's Partnership Program. DSD is prepared to take advantage of this unique opportunity to develop a plan for a managed long-term care system for Milwaukee County residents with disabilities under age 60 that builds on the most effective managed care elements of the demonstration models.

DSD is interested in exploring whether an expansion of Family Care to include DSD's clientele is the most appropriate solution to the goal of applying managed care principles to long-term care services, or if that solution also should include elements of SSI's Managed Care model of primary/acute care, and/or the Partnership's Program's model of fully integrated managed health and long-term care. Furthermore, DSD is eager to explore whether a managed care solution can generate sufficient cost savings to significantly reduce or eliminate the waiting list for long-term support services.

DSD anticipates using its own experience administering Federal home- and community-based waiver programs for long-term care to guide its analysis of the three demonstration models. DSD's review and planning processes will be driven by a partnership made up of consumers, community stakeholders in long-term care, and those Milwaukee County departments and divisions with responsibility for ensuring that the long-term care needs of persons with disabilities are met.

While both the review and planning efforts will be directed by DHFS' goals and guiding principles, they will also be informed and enriched by the contributions of Milwaukee County's diverse array of stakeholders and consumers. DSD will refer to the consumer-designed "Guiding Principles" listed in DSD's 2002 Master Plan (see below), and will utilize continuous community stakeholder conversations during the plan's development. For example, disabilities stakeholders recently shared their concerns with DSD that the real costs of services might be obscured in a capitated rate, as well as concerns that living wages for direct support staff could be suppressed by a managed care approach. The ultimate success of long-term care reform for adults with disabilities in Milwaukee County will depend on addressing these types of stakeholder concerns early in the planning process. DSD believes that it has both the communications infrastructure and credibility to do so.

Milwaukee County disabilities stakeholders also have expressed concern that a statewide approach to long-term care reform will not take into account local needs and expertise. DSD, therefore, intends to plan and implement a model for long-term managed care for adults with disabilities that is based on locally crafted "Standards of Excellence" (SOE). The SOE will be developed jointly by consumers, community stakeholders and DSD. They will take into account the size, complexity, and diversity of the population of adults with disabilities with long term-care needs and the rich mix of resources and opportunities present in Milwaukee County.

Through the development of consumer standards of excellence, DSD expects the Milwaukee County managed long-term care plan to provide leadership in innovation and partnership in the disabilities field and to demonstrate the shared values of respect, openness, integrity, and accountability. DSD expects to provide the best possible health services and community supports for people with disabilities and for their families and caregivers. This plan will be designed to ensure that managed care is accountable, understandable and fair.

Geographic Area of Interest

The geographic area of interest is Milwaukee County. Milwaukee County is the most diverse county in Wisconsin and has the largest population of adults with disabilities. Milwaukee County has 933,221 citizens (US Census Bureau 2000) and 169,939 persons with disabilities age five and older. In 2005, DSD served more than 8,300 persons, of whom nearly 3,300 were African American and nearly 1,000 were Latino. In 2004, DSD provided long-term support services to 1,895 persons with developmental disabilities and 888 persons with physical disabilities. There are more than 2,000 persons on DSD's waiting list (approximately 860 with a developmental disability and 1,200 with a physical disability). There are 934 families on the waiting list for Family Support.

Milwaukee County supports the interest of DHFS in statewide reform. DSD does not pretend to know all of the challenges the State faces. It is, however, interested in understanding the challenges other regions face and in working with them as a problem-solving partner. DSD firmly believes that many of the findings of its review of the

demonstration projects, and features of the resulting plan, will have useful applications statewide for managed long-term care for persons with disabilities under age 60, just as they will for adults with disabilities who live in Milwaukee County. Milwaukee County is also keenly aware that regional differences can present advantages, as well as challenges, and is committed to engaging post-secondary institutions, a highly developed network of care providers, and an expanding set of entrepreneurial enterprises serving adults with disabilities in its planning process.

Proposed Scope and Nature of the Program

DSD's plan for long-term care reform will be based on the best managed care principles and best practices gleaned from its analysis of the three existing managed care models in Milwaukee County, as well as lessons learned in implementing the County's nationally renowned Wraparound program. DSD begins with an ultimate goal of planning to enroll all adults under age 60 with disabilities who have long-term care needs, including persons with physical disabilities, developmental disabilities, and individuals with co-occurring disorders. Its ability to meet that goal will depend upon whether sufficient savings can be generated from a managed care system and/or whether sufficient State or Federal resources can be identified. DSD intends to create a reform plan that will have a comprehensive and coordinated benefit package that covers the long-term care and health needs of the enrolled population.

DSD will build on the lessons learned and positive practices developed by the Department on Aging Family Care program. DOA has developed financial management systems that create accurate and timely financial management reports and is in the process of establishing effective quality assurance mechanisms to continuously improve program effectiveness. Both fiscal soundness and program effectiveness will be hallmarks of DSD's reform plan and its associated standards of excellence. DSD also will seek to integrate into its planning the most appropriate aspects of the SSI Managed Care and Partnership Program models. The resulting system will be easier for consumers to understand than the current array of waiver programs and will capture the critical elements of managed care that produce an effective and efficient long-term care system.

In DSD's view, managed care can produce cost savings for this population. DSD freely acknowledges that there are private sector partners who are far better prepared to apply the critical elements of successful managed care and who could assist the Division in applying those principles. We fully intend to explore both an enhanced relationship with Family Care and potential public/private partnership scenarios to enable us to achieve our goal of producing sufficient cost savings to serve all eligible individuals who are seeking our services.

Other Comments or Information:

Guiding Principles*

Independence: Everybody has a right to do what they want and need to do to function in society

Achievement of the highest level of independence

Continuum: Need to provide a continuum of services

Real Choice: Self Determination

Nurturing Relationships/Friendships

Strengths based vs Needs based

Respectful and Fully Accessible

Equality and Rights for All

Participation in the Mainstream

High Quality staff, providers, services, options

Maximum flexibility

Individualized, Person-Centered, Culturally Competent

Collaboration and Partnership

Values cultural and ethnic diversity

People have the ability to live where they want to live, and have opportunities to work and
recreate

Total acceptance in the community, no stigma

Involvement of consumers in the planning process

Comprehensive grievance system, systemic method to resolve issues

Continuing community education and advocacy

All stakeholders as advocates

Allocation of sufficient resources

Successful outcomes for each individual

* Source: MASTER PLAN

FOR ADULTS WITH PHYSICAL AND DEVELOPMENTAL
DISABILITIES AND SENSORY IMPAIRMENTS

JULY 2002